

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) INFORMED CITIZENS	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00622951 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Ghost Communications		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 31 / 2016</div> </div>	
Mailing Address 5512 Highwood Dr		Amount <div> <div></div> <div>1250.00</div> </div>	
City Edina	State MN	Zip Code 55436	Transaction ID : SE.5491 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>
Purpose of Expenditure Public Relations		Category/ Type 004	
Name of Federal Candidate DONALD J. TRUMP FOR PRESIDENT, INC., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>10591.50</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee Graham Immerman		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 31 / 2016</div> </div>	
Mailing Address 55 Indian Hill		Amount <div> <div>1000.00</div> </div>	
City Florence	State MA	Zip Code 01062	Transaction ID : SE.5492 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 06 / 2016</div> </div>
Purpose of Expenditure Media consultation		Category/ Type	<div> <div>004</div> </div>
Name of Federal Candidate DONALD J. TRUMP FOR PRESIDENT, INC., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>9341.50</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____